PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/721,111 TRANSMIT November 22, 2000 Filing Date For FY 2005 David E. Edgren et al. First Named Inventor **Examiner Name** Edward J Webman Applicant claims small entity status. See 37 CFR 1.27 1617 Art Unit 790.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. ARC 2702 N1 METHOD OF PAYMENT (check all-that apply) Check Credit Card L Money Order None Other (please identify):  $|{
m X}|$  Deposit Account  $|{
m Deposit}$  Account Number:\_\_\_ 10-0750 Johnson & Johnson Deposit Account Name:\_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 Reissue 500 600 150 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee (\$) Multiple Dependent Claims **Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets (round up to a whole number) x 250.00 0.00- 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late fring surcharge): Request For Continued Examination (RCE) 790.00 SUBMITTED BY Registration No. Telephone Signature 650-564-2498 39,554 (Attorney/Agent) Name (Print/Type) David Abraham Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. k Reduction Act of 1995, no persons Application Number 09/721,111 TRANSMITTAL Filing Date November 22, 2000 First Named Inventor **FORM** David E. Edgren et al. Art Unit 1617 **Examiner Name** Edward J Webman (to be used for all correspondence after initial filing) Attorney Docket Number ARC 2702 N1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC  $|\mathbf{X}|$ Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request Request For Continued Examination Request for Refund **Express Abandonment Request** Transmittal CD, Number of CD(s) \_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) 1. Return Receipt Postcard; 2. Transmittal (1pg. this page); Reply to Missing Parts/ Incomplete Application 3. Fee Transmittal (1pg. in duplicate); Reply to Missing Parts 4. IDS (4pp.); under 37 CFR 1.52 or 1.53 5. PTO-1449 (1pg.) and; 6. References SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name David Abraham Date Reg. No. 39,554 **EXPRESS** EV 325 437 841US CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with an envelope addressed to: commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on sufficient postage as first class mail in the date shown below: Signature

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Date

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Amy Alwine

Typed or printed name